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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 6	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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TITLE

Tissue dispensing cover

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